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ABSTRACT

This study investigates Parent Effectiveness Training (PET) program effects on 60 single or married parents in a rural/suburban school district. The sample was randomly divided into three groups of 10 single parents and five couples each. One of the groups functioned as a control and received PET after the study was completed. Before and after training and two months later, each parent was asked to respond to the Parent Attitude Survey Scale (PASS) and Rokeach's Dogmatism Scale. The teachers of the participating parents' children rated the children with the Devereux Elementary School Behavior Rating Scale (DESBR), now called the Hahneman Elementary School Behavior Scale. The children of participating parents were interviewed using the Children's Report of Parent Behavior Inventory (CRPBI). No significant treatment effects were found in the PASS or the Dogmatism Scale data. Children of PET parents felt that their parents were more accepting than did children of control group parents. Teachers rated children of trained parents higher on three of the 11 DESBR scales. It is noted that the parents were not all volunteers for training. Also, they had much more negative scores on the PASS test than any other groups reported in the literature. They tested as being dogmatic on the Dogmatism scale. It is concluded that the training had a small effect on parent-child relationships but much work is required to insure long-term training effects. (Author/RH)

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PET With Rural-Suburban Population

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Abstract

This study involved sixty parents in a rural/suburban school district who were randomly chosen from the roster of two elementary schools on the basis of being single parents or couples. The sample was randomly divided into 3 groups of 10 single parents and 5 couples each. The first group received the regular PET training in January-February 1978; the second group received the training in March-April 1978; the control group did not receive training during the study. This group was provided PET training in the fall of 1978, however, as a means of getting their participation in the testing. Each parent was asked to respond to the Parent Attitude Survey Scale (PASS), the Dogmatism Scale (Rokeach), and their children were interviwed using the Children's Report of Parent Behavior Inventory (CRPBI). The teachers of these children were asked to complete the Devereux Elementary School Behavior Rating Scale (DESBR). Parents were tested immediately after completing training and two months after training to determine whether there were any long term effects of the training. No significant treatment effects were found in analysis of the PASS data; however it was found that couples and singles answered the PASS differently. Children of parents who were involved in the PET training felt that their parents were more accepting than did children of non-PET parents, and teachers of children whose parents received the PET training rated them higher on 3 of the 11 DESBR scales. These parents had much more negative scores on the PASS test than any other groups reported in the literature, and tested as being dogmatic on the D-scale. It was concluded, therefore, that the

lack of treatment effects was probably a result of the fixed belief system of these parents, and that for PET to be effective with this type of parent, more structure and time will be required for the training.

PET With Rural-Suburban Population

It has been recognized for some time that there is a need for parent training if we are to have children grow to their full potential (Gordan, 1970). This need has recently been restated by Satir (1972) and Bronfenbrenner (1973) among many others, and has this year been recognized by the National Institutes of Education as one of the areas of emphasis in which funding will be available for additional research.

Because of this need for more informed parents, Gordon developed his Parent Effectiveness Training (PET) program, and trained psychologists to use it. Many training groups are now run each year through the auspices of schools, churches, YMCA's or other groups in which parents are given training in how to better relate to their children. Most of those who attend these sessions are urban, middle-class peoples; only one study that has been reported in the literature has involved a group of rural parents.

Another characteristic of these groups is that they have all been totally volunteer groups. Most of the problem children come from homes where parents are not willing to volunteer to come for training, however. Because of the increase in child abuse, the courts are now requiring parents to take training and/or therapy. By the time they are required to come for the help prescribed by the courts, child abuse has already been established as a pattern in the home. The problem we face is how to prevent these inadequate parent behaviors, which requires that we learn how to involve ill equipped parents with skills before they become

parents or soon after the birth of their first child.

Since Gordon developed his program to meet the needs of middle class parents, it is probable that the same program may not meet the needs of either rural-suburban or non-volunteer parents. No studies reported in the literature have dealt with this type of person. It is highly probable that the non-volunteer person will not respond in the same way as the volunteer parent to the PET program.

Problem. The specific problem which this study was designed to investigate was how parents and children of a rural-suburban area in Northern California would react to the PET program, when the parents were chosen randomly and not an entirely volunteer group. The problem with any study of this kind is that it is difficult to obtain parents who do not "volunteer" in some sense to take a treatment; there is very little in the way of coercion that can be used by a school district or a school psychologist to insure that parents who do not desire to learn will, in fact, either agree to work to improve their parenting skills or to follow through on the training that is provided.

The method used here was to randomly select from a list of parents in the school district the names of sixty and have the psychologist ask these parents to attend a meeting about parenting problems. They were not asked to volunteer; many felt that they were required to attend by the school because the psychologist had "told" them to come. There were a few who refused to come to the initial meeting and to attend the training sessions, but most of those asked particpcated. The population involved in this study was more random then than any other group described in previous studies. It is emphasized, however,

that this was not a totally random selection from the population; it is simply a more random group than is usually found in a PET group.

One additional facet to the study was the follow-up two months after completion of the training to determine whether the effects of training, if any, were persistent, or if there had developed a delayed effect not originally noted in the immediate post testing.

Another facet of the study of interest to researchers in the field was the effect of the training on people who took the training as a couple versus those who attended as single parents. The original group was divided on the basis of couple-single status at the first meeting; and, to insure that the groups were matched on this variable, a few parents were asked to take the training singly rather than as couples. The final sample involved three groups, each consisting of ten single parents and five couples, or a total of twenty parents in each group. Groups A and B were treatment replications; Group C was the control group. The control group was told that there was not enough time to give them the PET training during the spring of 1978, and that they would receive the training the following fall. They were asked to take all the tests and all of them did so although in a few cases the psychologist had to go to their homes to administer the instruments.

Instrumentation. Measures were obtained from the parents on the Parent Attitude Survey Scale (PASS) developed in 1955 by Hereford to measure parent attitudes in five areas: Confidence - the self assessed degree of confidence the parent has that she/he is competent as a

parent; Causation - the extent to which the parent involves himself/herself as a causative factor in the child's behavior; Acceptance - the extent to which the parent accepts the child's feelings, need for affection and self-expression; Understanding - the extent to which the parent encourages or accepts joint participation with the child in decision-making, and the extent to which she/he permits freedom of expression and communication; and Trust - the extent of parental acceptance or rejection of the individuality of the child.

The validity of the PASS has been established in six studies in which differences were found between parents who had participated in PET training and those who had not on each of the scales at least once. The three scales which showed the most consistency were Confidence, Acceptance and Trust. The reliability as established by Hereford on a split-half correlation was consistently .80 or better.

The parents were also asked to respond to the Dogmatism Scale (D-scale) designed by Rokeach, since it was hypothesized that this group of parents might be more dogmatic and less likely to change their behavior than volunteer middle-class parents. The D-scale was designed to measure the belief system of a person, and operates on a scale ranging from a closed mind to an open mind, with the closed mind representing mental rigidity, intolerance, and authoritariansim and the open mind the opposites of these characteristics.

The teachers of the children of the parents in both the experimental and control groups were asked to rate the children on the Devereux Elementary School Behavior Rating Scale (DESBR) since it was hypothesized that, if the training were having an effect on the parent behavior,

that this effect should be seen in the children's behavior. Spivak developed the DESBR using items which most closely related to student behaviors which interfere with successful classroom performance. Eleven factors have been identified: class disturbance, impatience, disrespect-defiance, external blame, achievement anxiety, external reliance, comprehension, inattention-withdrawn, irrelevant-responsiveness, creative initiative, and need for closeness to teacher (Spivak and Swift, 1967). Validity has been established through predictive studies and the scale has shown consistent test-retest reliability of .85 or better. It is now called the Hahneman Elementary School Behavior (HESB) Scale.

A final measure was taken of the child's perception of how he related to his parents, the Children's Report of Parent Behavior Inventory (CRPBI). The short form of the CRPBI was used because of the time constraints imposed by the school in obtaining this date, since the questions were read to the students by an aide on an individual basis. The aides did not know which student's parents were in the PET and which were not. The four scales contained in the short form matched the concepts being measured by the PASS. The four concepts were: Acceptance of Individualization; Rejection; Acceptance of Behavior and Emotion; and Hostile-detachment. Validity of the instrument was established by Shaefer by using a Mann-Whitney to test differences in responses between a group of normal and delinquent boys. In 40 out of 52 possible differences, the instrument discriminated between the boys in the hypothesized direction. Other researchers have used the scale subsequently and it has consistently discriminated between

groups in predicted directions.

All participants in the PET were asked to take the PASS and D-Scale, and teachers were asked to complete the DESBR in February before the actual training began. The treatment began in February 1978 when Group A began the regular PET program, meeting weekly for the required 8 sessions of 3 hours each. In April when Group A completed the training, all participants were asked to complete the PASS and D-Scale again. When Group B completed the PET training in early June, all three groups were asked to once again take the PASS and D-Scale, the teachers were asked to complete the DESBR again and the children were interviewed by aides using the CRPBI. The Group B parents were asked to take the PASS and D-Scale again in late June as their delayed post test. The test taken in early June by Group A constituted their delayed post test. Two way ANCOVA's were used to analyize the data obtained from the PASS and D-Scale with treatment and couple single status as the independent variables and the pre-tests as covariates.

Data obtained from the CRPBI and DESBR was analyzed by using t-tests for independent samples with data from A and B groups combined, compared to the data obtained by the C group.

Results. There were no differences noted among the three groups of parents on either the PASS or D-Scale measures. There was one interaction effect between the couple-single (CS) status and treatment variable, but it was primarily due to the CS variable and very little of the variance could be attributed to treatment. There were also differences on Scales 3 and 4 of the PASS in the way couples and

singles responded to the instrument on either the post test (Scale 3) or the delayed post test (Scale 4).

Teachers reported several differences in the way they perceived the children of these parents; in each case they saw the children of treatment parents responding with more acceptable behavior than children of control parents on three of the eleven scales: disrespect-defiance, comprehension, and inattention-withdrawn. Children of PET trained parents responded on the CRPBI more favorably toward their parents on the Acceptance scale than did control group parents.

Discussion. The fact that there were no effects of the PET on the PASS was surprising since all previously reported studies using PET had shown changes in participants scores on at least some of the PASS scores. In analyzing the data, however, two factors seem of primary importance in terms of explaining why this result occurred: First, the group was not entirely non-volunteer. This was the first parent group experience for all of these people, indicating that they had little knowledge about factors involved in parenting. They had not heard of Gordon or PET prior to being approached by the psychologist. Second, the scores they made on both the PASS and D-Scale on their pre-tests were considerably different from those reported in previous studies. The PASS scores for this group of people in pre, post, and delayed post tests ranged from -15.45 to -1.35; the scores for the group used to standardize the PASS ranged from 4.56 to 16.81. The negative scores indicate that these parents had an extremely negative attitude toward parenting initially and that it did not change significantly during the training.

This population was different from the previously reported research studies done with PET by Lillibridge (1971), Larson (1971), Garcia (1971), Hanley (1973), Andelin (1975), and Schmitz (1975) in that they identified negative statements as representative of their ideas on parenting. Hereford (1963) did report negative scores from the only non-urban, non-city dwelling group that he tests.

On the D-Scale this group showed itself to be dogmatic; Rokeach identified dogmatic scores as ranging from a mean of 157 for highly dogmatic people to a mean of 101 for those low in dogmatism. The means for these three groups were in the middle range, from 129 to 135. These scores indicate that this population is about average in this dimension, but it is highly probable that groups which volunteer to take PET are less dogmatic. Dogmaticism - the rigid thinking process that makes change difficult - is one of the factors which probably contributed to the lack of effect of training.

Although no treatment effect was present, there was a difference in the way in which those who took the treatment as singles and those who took the treatment as couples responded to the PASS. On three of the scales - Confidence, Acceptance and Understanding - the couples scored higher than the singles, although both groups consistently scored in the negative range. Couples did show consistently more positive attitudes toward their confidence as parents - they felt they were doing better as parents than did the singles; toward accepting their children's behavior and emotions; and in understanding their

children's needs. Hereford (1963) had hypothesized that there would be differences based on his original standardization and suggested that couples and singles take parent training separately.

The children of these parents did show, both behaviorally and by self-report, a change which appeared to be attributable to the treatment. Teachers of children of parents who took the PET saw them as becoming less defiant, as demonstrating better listening skills, and as being less withdrawn than the control children. That is significant and can be inferred from the fact Spivak (1967) found in his original work with the DWSBR that there was a tendency for the teachers to score the children less well on a retest than they did originally. It would appear then that this significant shift, which occurred only for the treatment children, and especially those of parents who were in Group B, to be real and not an artifact. This change is also partially corroborated by the children's self-report of better acceptance by their parents following treatment than before.

It is possible that the teachers became aware of those parents who were taking the PET, and thus were influenced by that fact since the communities are small and close-knit. This information was not, however, generally public, and most people felt that all three groups were part of the PET since they were all involved in the testing and preliminary meetings. It is also possible that the children of PET parents assumed that things were better because they know that their parents were taking the training. Even if this were so, it is important to note that there was a change in the perception of the

child regarding his/her relationship with his/her parents.

Given these possible alternative explanations, it appears reasonable that there was some evidence of change in the parent-child relationships attributable to the treatment. It is possible that these changes in behavior had occurred, but were not yet fully recognized cognitively by the parents. If this were the case, the lack of change on PASS scores and change in children's behavior could be in process of changing, and that an even more delayed post test would have discovered these changes on the PASS. The probability of this occurring without some further reinforcement is not highly probable, however.

A more tenable conclusion is that this treatment had some small effect on the relationship between these parents and their children, but that much more work needs to be done, both during training and subsequent to the eight week training period, to insure that long term effects in terms of parental behavior change will occur. One indicator of this need is the lack of any change in the Causative scale on the PASS. These parents, even after the eight week training period, still tend to attribute much of their children's behavior to some kind of "magic" - either a genetic factor or peer pressure. The fact that they are responsible for how their children behave is a fact that they largely do not want to admit; it is much easier to blame behavior on some cause other than themselves, and these beliefs are reinforced readily in this community. To espouse a belief that the parent can effect a change in behavior is to make other parents in the community feel inadequate, and such peer pressure is hard to accept.

Conclusions. It appears that PET training as it is presently structured has a minimal effect on parent behavior, particularly among non-volunteer populations. It would appear that much more extensive follow-up in terms of providing parents reinforcement for periods of up to a year will be necessary if the kinds of changes in parental behavior expected as a result of the treatment are to be effected. The homework done by the parents should also be emphasized more during the actual training, and it would probably be helpful if the children attended some of the latter sessions to interact with the parents in trying some of the suggested techniques. Some way of reinforcing between sessions would be helpful if feasible.

Of importance also is the fact that single parents and couples problably should receive the training separately. The problems of the single parent family are different from those of the two parent family, and need more direct attention. These two groups of parents do not perceive their problems in the same way, and each needs to have its particular needs met.

Of increasing importance is the fact that parents become aware of their influence on their children, and that they accept their responsibility as parents in helping to shape the behaviors of their children in appropriate ways. The need to accept their children's feelings and emotions should not be confused with the need to exert their reasoned leadership in the family. There was a tendency for these parents, who were largely unacquainted with the techniques expressed in PET, to see accepting of feelings and ideas of children as total permissiveness; in some cases it appears that the psychologist

or leader of such parent groups must almost provide therapy in the sense of Ellis' Rational Emotive Therapy to change some of the belief systems of these parents. As the teaching of these parenting skills is spread to communities in which such values as sharing and democratic processes are alien, it will become increasingly important to obtain research evidence regarding techniques which can change these well entrenched belief systems in training programs, including ways and places in which actual cognitive type therapy is necessary. The inclusion of parenting classes for seniors in high schools, such as is now the case in Fresno, California, and a few other cities are the type of preventive measures that should be used more extensively. Evidence is needed, however, as to how effective these classes are in actually changing the parental behavior of the graduates, and to which of the techniques used in the teaching or which information provided was most instrumental in effecting these changes. It is recommended that research in these areas be conducted as part of the NIE mandate.

TABLE 1

MEANS ON PARENT ATTITUDE SURVEY SCALE

(PASS) FOR EACH SUB-GROUP BY SUB-SCALES AND
COUPLE - SINGLE STATUS

	A Experi-mental	B Experi-mental	C Control	Couple	Single
Subscale 1 Confidence	- 5.56	- 6.20	- 5.60	- 4.97	- 6.59
Subscale 2 Causation	-12.05	-12.82	-13.23	-11.86	-13.54
Subscale 3 Acceptance	- 8.82	-10.36	-10.37	- 8.35	-11.35
Subscale 4 Understanding	- 3.32	- 2.17	- 2.85	- 2.62	- 2.84
Subscale 5 Trust	- 7.34	- 8.7	- 7.75	- 8.69	- 7.17
N	20	20	20	30	30

TABLE 2

Independent t test of the East County PET Parents

Dogmatism Scale

Pre, Post and Delayed Post Tests
for Males and Females, Experimental

D-Scale	Group	Mean	SD	t-Value	df	P
Pre Test	male	136.59	39.43	.61	.38	NS
	female	130.83	20.50			
Post	male	139.34	37.28	.87	38	NS
	female	131.97	23.11			
Delayed Post	male	142.09	37.33	.74	38	NS
	female	135.05	22.43			

D-Scale Dogmatism Scale

$p = < .05$

TABLE 3

Independent t test on the 11 Subscales of the Devereux Elementary School Behavior Rating Scale Standardized Scores

Post Minus Pre-Test Scores

Scale	Group	N	Mean	SD	t-Value	df	P
(1) Classroom Disburbance	C	20	-.050	1.50	1.87	58	.067
	E	40	-.875	1.66			
(2) Impatience	C	20	.200	1.24	-.42	58	.667
	E	40	.425	2.22			
(3) Disrespect-Defiance	C	20	.500	1.50	2.55	58	.014*
	E	40	-.775	1.96			
(4) External Blame	C	20	-.350	2.45	-.28	58	.783
	E	40	-.200	1.69			
(5) Achievement Anxiety	C	20	-.400	1.31	-.80	58	.425
	E	40	-.050	1.70			
(6) External Reliance	C	20	.500	1.73	-.73	58	.469
	E	40	1.025	2.97			
(7) Compre-hension	C	20	.550	1.76	-2.17	58	.034*
	E	40	1.87	2.42			
(8) Inattention-Withdrawn	C	20	.450	.826	2.23	58	.030*
	E	40	-.175	1.10			
(9) Irrelevant-Responsiveness	C	20	.150	.74	1.23	58	.222
	E	40	-.300	1.53			
(10) Creative-Initiative	C	20	.150	1.04	-1.66	58	.103
	E	40	1.175	2.65			
(11) Need for Close-ness to Teacher	C	20	-1.05	1.09	-.86	58	.391
	E	40	-.675	1.77			

C = Control E = Experimental

*p = < .05

TABLE 4

t test of East County Parent PET Children's Report of Parent Behavior Inventory Scales by Group

Post- Minus Pre-Test Scores

Children's Report Sub Scale 1 Acceptance of Individualization						
Group	N	Mean	SD	t-Value	df	p
Control	20	11.05	1.57	.13	.58	.894
Experimental	40	11.00	1.26			

Children's Report Sub Scale 2 Rejection						
Group	N	Mean	SD	t-Value	df	p
Control	20	16.50	1.85	-.09	58	.932
Experimental	40	16.55	2.24			

Children's Report Sub Scale 3 Acceptance						
Group	N	Mean	SD	t-Value	df	p
Control	20	9.95	1.50	-2.16	58	.035*
Experimental	40	10.82	1.46			

Children's Report Sub Scale 4 Hostile Detachment						
Group	N	Mean	SD	t-Value	df	p
Control	20	10.65	1.34	-1.50	58	.138
Experimental	40	11.30	1.68			

*p = < .05

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